



Bib Data Sheet


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SERIAL NUMBER 09/520,419	FILING DATE 03/08/2000 RULE -	CLASS 705	GROUP ART UNIT <u>2768</u> <u>3626</u>	ATTORNEY DOCKET NO. 9110-0008
APPLICANTS Julie A. Meek, Greenwood, IN ; Brenda L. Lyon, Indianapolis, IN ; Wendy D. Lynch, Lakewood, CO ;				
** CONTINUING DATA ***** <i>CB</i> <i>none</i>				
** FOREIGN APPLICATIONS ***** <i>CB</i> <i>none</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 05/07/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		STATE OR COUNTRY IN	SHEETS DRAWING 3	TOTAL CLAIMS 20
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Mr. Blal</i> Examiner's Signature	<i>CB</i> Initials		
ADDRESS Intellectual Property Group Bose McKinney & Evans LLP 135 North Pennsylvania Street Suite 2700 Indianapolis ,IN 46204				
TITLE Healthcare management system and method of predicting high utilizers of healthcare services				
FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees	
			<input type="checkbox"/> 1.16 Fees (Filing)	
			<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	
			<input type="checkbox"/> 1.18 Fees (Issue)	
			<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Credit	



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CONFIRMATION NO. 1596

SERIAL NUMBER 09/520,419	FILING DATE 03/08/2000 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. 9110-0008
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APPLICANTS

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 Brenda L. Lyon, Indianapolis, IN;
 Wendy D. Lynch, Lakewood, CO;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IN	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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Verified and Acknowledged
 Examiner's Signature _____ Initials _____

ADDRESS
 25267
 BOSE MCKINNEY & EVANS LLP
 135 N PENNSYLVANIA ST
 SUITE 2700
 INDIANAPOLIS , IN
 46204

TITLE
 Healthcare management system and method of predicting high utilizers of healthcare services

FILING FEE RECEIVED 471	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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